



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: HENRY COUNTY MEMORIAL HOSPITAL

City of Hospital: New Castle

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Diane York

Email Address: yorkd@hcmhcares.org

Medicare Provider Number: 15-0030

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$60329128
Outpatient Patient Service Revenue	\$122241174
Total Gross Patient Service Revenue	\$182570302

2. Deductions From Revenue

Contractual Allowance	\$112532372
Other Deductions	\$1104990
Total Deductions	\$113637362

3. Total Operating Revenue

Net Patient Service Revenue	\$68932940
Other Operating Revenue	\$4540738
Total Operating Revenue	\$73473678

4. Operating Expenses

Salaries and Wages	\$26588093	Employee Benefits	\$9059894
Depreciation and Amortization	\$4401776	Interest Expense	\$243812
Bad Debt	\$2580753	Other Expenses	\$28587546
Total Operating Expenses	\$71461874		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2011804	Total Assets	\$173950428
Net Non-operating Gains over Loss	\$-2658987	Total Liabilities	\$62850392

Total Net Gains	\$-647183
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$89723788	\$45674795	\$44048993
Medicaid	\$29919551	\$5749708	\$24169843
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$62926963	\$61107869	\$1819094
Total	\$182570302	\$112532372	\$70037930

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$3182696	\$3182696	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$537579	\$-537579
Hospital Patients	\$0	\$2045540	\$-2045540
Community Education	\$0	\$151279	\$-151279

Number of Medical Professionals Trained	320
Number of Hospital Patients Educated	122736
Number of Citizens Exposed to Health Education Messages	150000

Statement Six: Charity Statement
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Hospital Charity Charges	\$1104990
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$339392	
HCI Payments	\$0		
Subtotal	\$0	\$339392	\$-339392
Medicaid Shortfalls	\$832660	\$9189640	
Subtotal	\$832660	\$9529032	\$-8696372
DSH Payments	\$452342		
Subtotal	\$1285002	\$9529032	\$-8244030
Medicare Shortfalls	\$15793239	\$27558213	
Other Government Programs	\$0	\$0	
Total	\$17078241	\$37087245	\$-20009004

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$548735	\$-548735
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$63023	\$-63023
Other Allocations	\$0	\$23627	\$-23627

Comments

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